



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

September 29, 2016

**CERTIFIED MAIL 7008 1300 0000 7187 4673**

Administrator  
Maple Leaf Assisted Living and Memory Care  
9001 Lake City Way NE  
Seattle WA 98115

Assisted Living Facility License #2364  
Licensee: CSH Maple Leaf Lessee LLC

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On **September 16, 2016**, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of a civil fine on the license for your assisted living facility, also known as **Maple Leaf Assisted Living and Memory Care**, located at **9001 Lake City Way NE, Seattle**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **September 16, 2016**.

**WAC 388-78A-2040 Other requirements.** **\$1,100.00**  
**\$25.00 per day x 44 days from August 4, 2016 to September 16, 2016**

**The licensee failed to gain and maintain compliance with, and have building approval from, the Washington State Fire Marshal after having 3 failed fire and life safety inspections.**

***NOTE: This is the violation which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.***

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

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License #2364  
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Return the signed and dated SOD to:

Jayne Hill, Field Manager  
District 2, Unit A  
3906 172nd St NE, #100  
Arlington, WA 98223  
Phone: (360) 651-6863 / Fax: (360) 651-6940

### **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

#### Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

#### Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency which resulted in the civil fine. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

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**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,100.00** payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Jayne Hill, Field Manager at (360) 651-6863,

Sincerely,



Dina Longen-Grimes, RN, MSN  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit A  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
bam